



A Protective Life Company
Schedule of Benefits 385A

All services must be provided in a dentist's office by a United Dental Care of Arizona, Inc. (UDC) Family Dentist or authorized and referred by a UDC Family Dentist to a UDC Specialty Dentist. A referral is not required to receive orthodontic services. All items and services which are not reasonable and necessary for dental diagnosis and treatment, as determined by the Member's UDC Family Dentist, or a UDC Specialty Dentist, or services not prescribed by a Member's UDC Family Dentist or UDC Specialty Dentist, are not covered services. The copayments list below are applicable to only those procedures provided by the member's UDC Family Dentist or assigned participating UDC Specialty Dentist.

ADA Code	Diagnostic Dentistry	Member Copayment
0999	Routine Office Visit, by Report	5.00
0120	Periodic Oral Exam	No Charge
0140	Limited Oral Evaluation - Problem Focused	15.00
9440	Office Visit After Regular Hours	40.00
0150	Initial Exam	No Charge
0210	X-Ray - Intraoral, Complete Series Including Bitewings	No Charge
0220	X-Ray - Intraoral, Periapical, First Film	No Charge
0230	X-Ray - Intraoral, Periapical Each Additional Film	No Charge
0240	X-Ray - Intraoral, Occlusal	No Charge
0250	X-Ray - Extraoral, First Film	No Charge
0260	X-Ray - Extraoral, Each Additional Film	No Charge
0270	X-Ray - Bitewing, Single Film	No Charge
0272	X-Ray - Bitewing, Two Films	No Charge
0274	X-Ray - Bitewing, Four Films	No Charge
0330	X-Ray - Panoramic	No Charge
0415	Bacterial Studies	No Charge
0425	Caries Susceptibility Tests	No Charge
0460	Pulp Vitality Tests	No Charge
9999	Missed Appointment Without 24 - Hour Notice, by Report	15.00
4999	Periodontal Probing in the Presence of Periodontal Disease, by Report	20.00
Diagnostic Services By Specialists		
0210	X-Ray - Intraoral, Complete Series Including Bitewings	15.00
0330	X-Ray - Panoramic	15.00
Preventive Dentistry		
1110	Prophylaxis - Adult (Semi-annually)	7.00
1120	Prophylaxis - Child (Semi-annually)	6.00
1203	Application of Topical Fluoride - Child	No Charge
1310	Nutritional Counseling	No Charge
1330	Oral Hygiene Instruction	No Charge
1351	Application of Sealant, Per Tooth	5.00
1510	Space Maintainer (Fixed) - Unilateral	60.00
1515	Space Maintainer (Fixed) - Bilateral	60.00
1520	Space Maintainer (Removable) - Unilateral	60.00
1525	Space Maintainer (Removable) - Bilateral	60.00
1550	Recent Space Maintainer	15.00
1999	Additional Prophylaxis, by Report	25.00
Restorative Dentistry		
2110	Amalgam - One Surface, Primary	9.00
2120	Amalgam - Two Surfaces, Primary	12.00
2130	Amalgam - Three Surfaces, Primary	14.00
2131	Amalgam - Four Surfaces, Primary	17.00
2140	Amalgam - One Surface, Permanent	10.00
2150	Amalgam - Two Surfaces, Permanent	14.00
2160	Amalgam - Three Surfaces, Permanent	16.00
2161	Amalgam - Four Surfaces, Permanent	20.00
2330	Resin - One Surface, Anterior	25.00
2331	Resin - Two Surfaces, Anterior	35.00
2332	Resin - Three Surfaces, Anterior	45.00
2335	Resin - Four or More Surfaces, Anterior	45.00
2385	Resin - One Surface, Posterior, Permanent	35.00
2386	Resin - Two Surfaces, Posterior, Permanent	45.00
2387	Resin - Three Surfaces, Posterior, Permanent	55.00
2510	Inlay - Metallic, One Surface	80.00
2520	Inlay - Metallic, Two Surfaces	160.00
2530	Inlay - Metallic, Three Surfaces	225.00
2543	Onlay - Metallic, Three Surfaces	195.00
2544	Onlay - Metallic, Four or More Surfaces	195.00
2610	Inlay - Porcelain/Ceramic, One Surface	185.00
2620	Inlay - Porcelain/Ceramic, Two Surfaces	195.00
2630	Inlay - Porcelain/Ceramic, Three Surfaces	195.00

Restorative Dentistry (Continued)

2740	Crown - Porcelain/Ceramic	235.00
2750	Crown - Porcelain to High Noble Metal	255.00
2751	Crown - Porcelain to Base Metal	235.00
2752	Crown - Porcelain to Noble Metal	235.00
2790	Crown - Full Cast High Noble Metal	255.00
2791	Crown - Full Cast Base Metal	255.00
2792	Crown - Full Cast Noble Metal	255.00
2810	Crown - 3/4 Cast Metallic	235.00
2910	Recent Inlay	15.00
2920	Recent Crown	15.00
2930	Prefabricated Stainless Steel Crown - Primary Tooth	70.00
2940	Sedative Filling	8.00
2950	Core Buildup, Including Any Pins	40.00
2951	Pin Retention - Per Tooth in Addition to Restoration	6.00
2952	Cast Post and Core, in Addition to Crown	80.00
2954	Prefabricated Post and Core, in Addition to Crown	80.00
2960	Labial Veneer (Laminate) - Chairside	200.00
2962	Labial Veneer (Porcelain Laminated) - Lab, by Report	300.00
2980	Repair Crown, by Report	25.00
2999	Temporary Filling, by Report	10.00
2999	Cosmetic Bleaching, Per Arch, by Report	150.00
2999	Cosmetic Bleaching, Both Arches, by Report	225.00
Endodontics		
3110	Pulp Cap - Direct	3.00
3120	Pulp Cap - Indirect	3.00
3220	Pulpotomy	10.00
3310	Root Canal - Anterior	125.00
3320	Root Canal - Bicuspid	150.00
3330	Root Canal - Molar	235.00
3410	Apicoectomy - Anterior	125.00
3421	Apicoectomy - Bicuspid, First Root	170.00
3425	Apicoectomy - Molar, First Root	180.00
3426	Apicoectomy - Each Additional Root	80.00
3430	Retrograde Filling - Per Root	40.00
3450	Root Amputation - Per Root	70.00
3920	Hemisection (Including Any Root Removal), Not Including Root Canal Therapy	75.00
Periodontics		
4210	Gingivoplasty or Gingivectomy, Per Quadrant	120.00
4220	Gingival Curettage, Per Quadrant, by Report	50.00
4260	Osseous Surgery, Per Quadrant	250.00
4320	Provisional Splinting Intracoronal	60.00
4321	Provisional Splinting Extracoronal	50.00
4341	Periodontal Scaling and Root Planing, Per Quadrant	45.00
4355	Full Mouth Debridement (Complicated Cleaning)	30.00
4910	Periodontal Maintenance Procedures	25.00
4999	Periodontal Hygiene Instruction, by Report	No Charge
Removable Prosthodontics		
5110	Complete Upper Denture	325.00
5120	Complete Lower Denture	325.00
5130	Immediate Upper Denture (Excluding Reline)	355.00
5140	Immediate Lower Denture (Excluding Reline)	355.00
5211	Upper Partial Denture - Resin Base, Including Clasps, etc.	375.00
5212	Lower Partial Denture - Resin Base, Including Clasps, etc.	375.00
5213	Upper Partial Denture - Cast Metal Framework/Acrylic Base	425.00
5214	Lower Partial Denture - Cast Metal Framework/Acrylic Base	425.00
5410	Adjust Complete Denture - Upper	10.00
5411	Adjust Complete Denture - Lower	10.00
5421	Adjust Partial Denture - Upper	10.00
5422	Adjust Partial Denture - Lower	10.00
5510	Repair Broken Complete Denture Base	25.00
5610	Repair Resin Denture Base	35.00
5620	Repair Cast Framework	35.00
5630	Repair or Replace Broken Clasps	35.00
5640	Repair Broken Teeth - Per Tooth	35.00
5650	Add Tooth to Existing Partial Denture	35.00
5730	Reline Complete Upper Denture - Chairside	60.00
5731	Reline Complete Lower Denture - Chairside	60.00
5740	Reline Upper Partial Denture - Chairside	60.00
5741	Reline Lower Partial Denture - Chairside	60.00
5750	Reline Complete Upper Denture - Lab	95.00
5751	Reline Complete Lower Denture - Lab	95.00
5760	Reline Upper Partial Denture - Lab	95.00
5761	Reline Lower Partial Denture - Lab	95.00
5850	Tissue Conditioning - Upper Denture	20.00
5851	Tissue Conditioning - Lower Denture	20.00
5862	Precision Attachment, by Report	150.00
Fixed Prosthodontics		
6210	Pontic - Cast High Noble Metal, Per Unit	235.00
6211	Pontic - Cast Base Metal, Per Unit	235.00

Fixed Prosthodontics (Continued)

6212	Pontic - Cast Noble Metal, Per Unit	235.00
6240	Pontic - Porcelain Fused to High Noble Metal, Per Unit	235.00
6241	Pontic - Porcelain Fused to Base Metal, Per Unit	235.00
6242	Pontic - Porcelain Fused to Noble Metal, Per Unit	235.00
6251	Pontic - Resin with Base Metal, Per Unit	235.00
6545	Resin Bonded Retainer, Per Unit	120.00
6721	Crown - Resin with Base Metal, Per Unit	235.00
6750	Crown - Porcelain Fused to High Noble Metal, Per Unit	235.00
6751	Crown - Porcelain Fused to Base Metal, Per Unit	235.00
6752	Crown - Porcelain Fused to Noble Metal, Per Unit	235.00
6780	Crown - 3/4 Cast High Noble Metal, Per Unit	235.00
6790	Crown - Full Cast High Noble Metal, Per Unit	235.00
6791	Crown - Full Cast Base Metal, Per Unit	235.00
6792	Crown - Full Cast Noble Metal, Per Unit	235.00
6930	Recement Bridge	15.00
6940	Stress Breaker	150.00
6950	Precision Attachment	150.00
6980	Bridge Repair, by Report	45.00
6999	Resin Bonded Bridge Pontic, by Report, Per Unit	235.00

Oral Surgery

7110	Extraction - Single Tooth	9.00
7120	Extraction - Each Additional Tooth	9.00
7130	Root Removal - Exposed Roots	35.00
7210	Surgical Removal of Erupted Tooth	
	Bone Removal/Sectioning	30.00
7220	Removal of Impacted Tooth - Soft Tissue	35.00
7230	Removal of Impacted Tooth - Partial Bony	65.00
7240	Removal of Impacted Tooth - Complete Bony	85.00
7241	Removal of Impacted Tooth	
	Complete Bony, with Complications	85.00
7250	Surgical Removal of Residual Roots (Cutting Procedure)	35.00
7270	Tooth Reimplantation/Stabilization	50.00
7281	Surgical Exposure, Per Tooth	35.00
7310	Alveoloplasty in	
	Conjunction With Extractions, Per Quadrant	35.00
7320	Alveoloplasty Not in Conjunction with Extractions, Per Quadrant	50.00
7470	Removal of Exostosis	70.00
7510	Incision and Drainage of Abscess	30.00
7910	Simple Suture	No Charge
7960	Frenectomy	45.00

Orthodontics

8999	Diagnostic Workup with Radiographs/Models, by Report	150.00
8210	Removable Appliance Therapy	560.00
8220	Fixed Appliance Therapy	560.00
8030	Limited Orthodontic Treatment of Adolescent Dentition Class I & II Malocclusion by Family Dentist	800.00
8030	Limited Orthodontic Treatment of Adolescent Dentition Class I & II Malocclusion by Board Eligible Specialist	1190.00
8040	Limited Orthodontic Treatment of Adult Dentition Class I & II Malocclusion by Family Dentist	900.00
8040	Limited Orthodontic Treatment of Adult Dentition Class I & II Malocclusion by Board Eligible Specialist	1290.00
8080	Class I & II Malocclusion by Family Dentist - Child	1900.00
8080	Class I & II Malocclusion by Board Eligible Specialist - Child	2380.00
8090	Class I & II Malocclusion by Family Dentist - Adult	2300.00
8090	Class I & II Malocclusion by Board Eligible Specialist - Adult	2580.00
8660	Pre-orthodontic Treatment Visit	35.00
8680	Retainer, Each Arch, Post Treatment Stabilization	95.00
8999	Adjusting Retainer, by Report	No Charge
8999	Elastics, by Report	No Charge
8999	Final Orthodontic Records, by Report	No Charge
8999	Reattach Brackets and Bands, by Report	
	Limit 3 Times	No Charge
8999	Replace Broken Ligature Wires, by Report	
	Limit 3 Times	No Charge
8999	Premium Transparent Brackets (Per Arch), by Report	200.00

Other Services

9210	Local Anesthesia (without Operative Procedures)	No Charge
9215	Local Anesthesia (with Operative Procedures)	No Charge
9220	General Anesthesia	120.00
9230	Analgesia (Nitrous Oxide)	8.00
9240	IV Sedation	120.00
9310	Consultation Appointment (Diagnostic Service Provided by Dentist Other Than Practitioner Providing Treatment)	No Charge
9940	Occlusal Guards, by Report	85.00
9951	Occlusal Adjustment - Limited	20.00
9952	Occlusal Adjustment - Complete	80.00

DENTAL EMERGENCY PROCEDURES

In case of a dental emergency, a Member should contact their Family Dentist directly. If the Family Dentist is unavailable for emergency care within 24 hours of the onset of the dental emergency as verified by UDC, Members may obtain emergency services from any licensed dentist to prevent their dental health from being jeopardized (palliative treatment to control pain, bleeding, or infection) and return to their Family Dentist for continuing treatment. In order to receive reimbursement for fees paid, less any applicable copayment for services provided and the after hours visit (ADA code 9440, copayment \$40.00) the following steps must be taken if member is outside the service area:

1. The Member must notify UDC or their Family Dentist of their dental emergency within 48 hours of the onset of the emergency (or as soon as it is reasonably possible to do so) and receive authorization for continued care if warranted.
2. The written request for reimbursement with receipts must be received by UDC within 30 days of the onset of the emergency.
3. If outside the UDC service area a \$25 administrative fee, in addition to any applicable copayment, will be assessed for emergency care.

LIMITATIONS AND EXCLUSIONS

1. Any procedure not specifically listed in the Schedule of Benefits is not covered.
2. Medical costs associated with dental procedures are not covered.
3. Extractions for asymptomatic third molars (wisdom teeth) are not covered. Examples of symptomatic include severe decay, odontogenic cysts, chronic pericoronitis and infection.
4. Covered services will be considered for children under four years of age by UDC affiliated pediatric dentists. For children four years and older it is the responsibility of the parent or guardian to properly control or modify the behavior of their children so that appropriate dental care may be safely provided by a participating Family Dentist. Services rendered by non-participating providers or participating specialists as a result of the need for behavior modification, physical restraint, sedation or other method of control, will be the sole responsibility of the Member.
5. Dentures or appliances will be replaced only after 3 years have elapsed since such dentures or appliances were provided under any UDC program unless the denture or appliance becomes unserviceable due to illness or other causes not controlled by ordinary means. Replacement under this plan will be made only if the existing denture or appliance is unserviceable and cannot be made so. Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
6. Evaluations or consultations by UDC's Specialists for non-covered services are not covered.
7. Any dental treatment started prior to the Member's eligibility to receive benefits under this plan, or started after a Member's termination, is not covered.
8. Failure to follow prescribed treatment, or accidents occurring during the course of any treatment, may result in additional charges.
9. Periodontal surgery will not be approved until a Soft Tissue Management Program consisting of an appropriate course of scaling and root planing, periodontal charting, oral hygiene instruction and assessment of case prognosis and compliance have been completed. Member must demonstrate compliance with their UDC Family Dentist's treatment plan and the case must not be an irremediable prognosis.
10. Restorations and endodontic posts placed after root canal therapy are separate procedures from the actual root canal treatment and, therefore, the specific copayments listed for restorations or posts will apply.
11. Failure to pay a scheduled copayment at the time service is rendered may prevent future dental services from being received until all fees have been paid in full.
12. Orthodontic Treatment is limited as follows:
 - Minor treatment of tooth guidance/Interceptive orthodontia for 18 consecutive months
 - Active orthodontic treatment (from time of banding) for 24 consecutive months
 - Retention treatment for 18 consecutive months
 Ongoing treatment past the timeframes above is subject to additional fees outlined in the Schedule of Benefits and determined by the Orthodontist or Family Dentist performing orthodontics.
13. Orthodontic treatment which involves therapy for myofunctional problems, TMJ, dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities is not covered.
14. Orthodontic cases other than Type I or II malocclusions, including cases involving orthognathic surgery are not covered.
15. Orthodontic care after the termination of coverage is the sole responsibility of the individual. Additional fees may be assessed by the provider and are the responsibility of the Member.
16. Treatment for malignancies, neoplasms, or cysts including biopsy is not covered.
17. Except as in an emergency situation as described in the dental emergency procedures, services provided by non-UDC dentists are not covered unless preauthorized by UDC.
18. Copayments listed for metallic restorations **do not include the cost of gold** for ADA codes: 2510, 2520, 2530, 2543, 2544, 2750, 2752, 2790, 2792, 2810, 6210, 6212, 6240, 6242, 6750, 6752, 6780, 6790, and 6792.
19. Routine cleanings are limited to one (1) cleaning in any six (6) month period of time, unless medically necessary.